

Name
in
Full

Gloss Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Calvert Co.	
Father's Name	Jos. A. Dixon		Mother's Maiden Name	Calvert Co.	
Mother's Maiden Name	Hester Leitch (1)		Name of person giving information	Mother's Birthplace " "	
J. F. Cox (1)			J. F. Cox	How related to deceased Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death: Cerebro Spinal Meningitis
How long: 4 days

Immediate

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J.W. Leitch
Huntingtown, Md.

Address

Accident or Suicide?

11



Name
in
Full

Maryriet Gross

4/4/II

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, <u>Sing</u> or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace			<i>Calvert Co</i>		
Mother's Maiden Name	Mother's Birthplace			<i>Calvert Co, Md</i>		
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

confinement

confined

How long

Immediate

(140)

How long

Are the name, age, sex, color, date and place correctly given above?

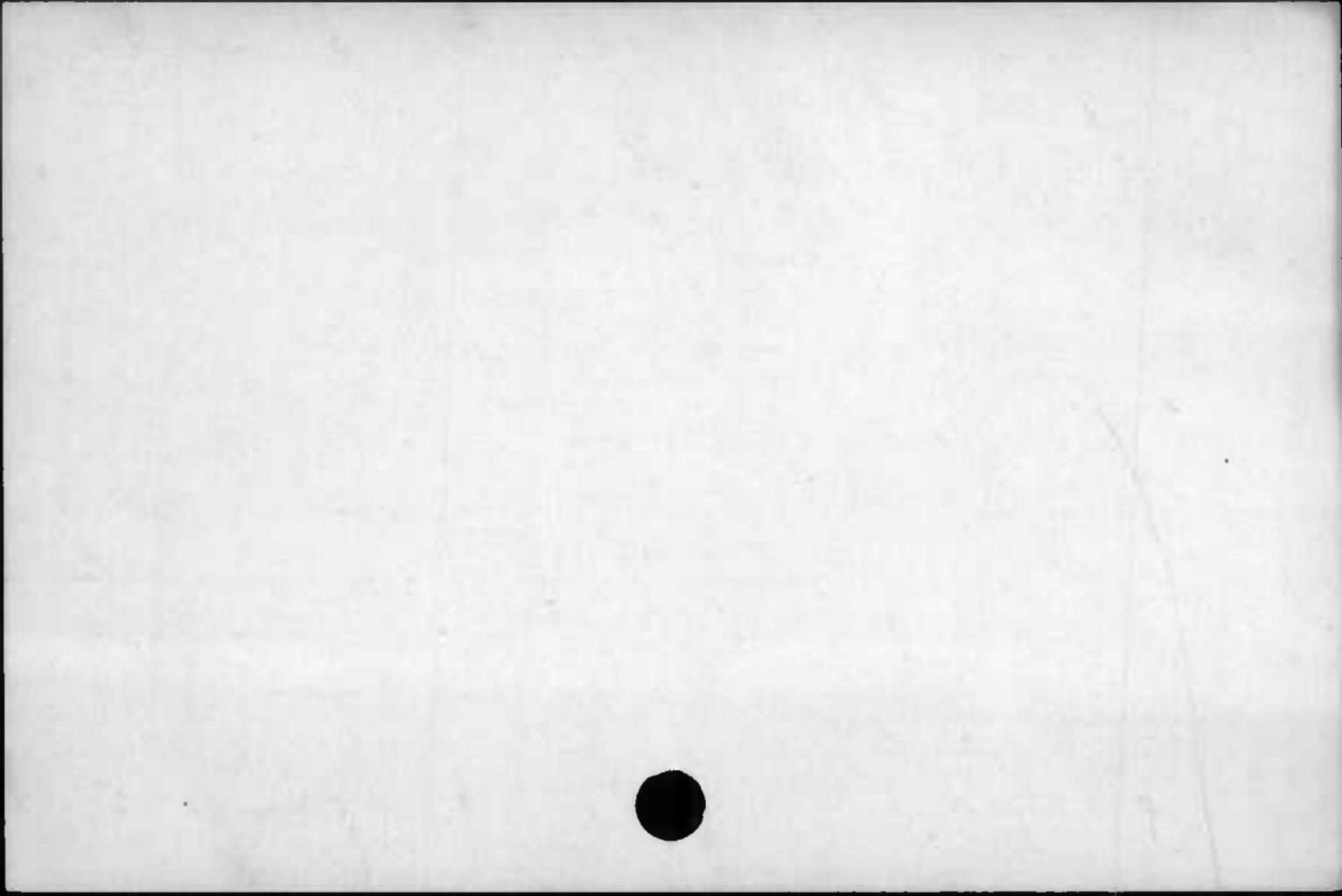
Signature of Physician

Address



D. Brooks & Son

Accident or Suicide?



Name
in
Full

William Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Adelicia		Cooperst					
Date of death	Month	Day	Years	Months	Days		
1906	Apr	25	17	-	-		
Sex	Color or Race	Age		Birth- place	Cooperst C		
Male	Colorist	17		Adelicia	Adelicia		
Occupation	Where Residing if not at place of death						
Laborer							
Married, Single or Widowed	Name of Wife or Husband						
Single	Albert Gross		Cooperst C				
Father's Name						Father's Birthplace	
Mother's Maiden Name	Pickey Brown					Mother's Birthplace	" "
Name of person giving Information	Cephas Gross					How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

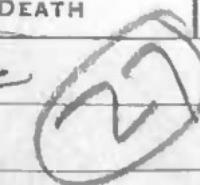
Primary

Consumption

How long

4 Years

Immediate



How long

Are the name, age, sex, color, date
and place correctly given above?

yes

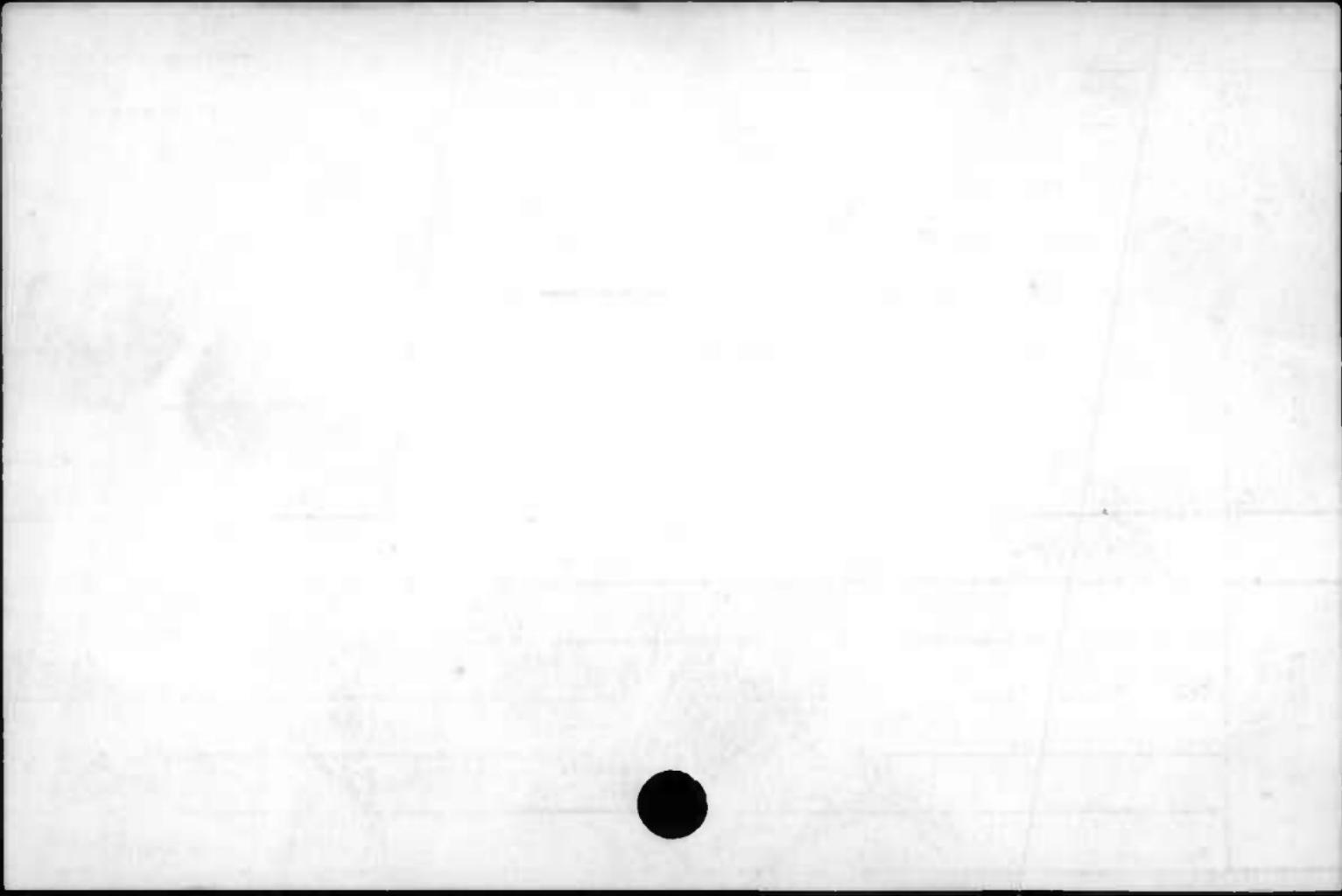
Signature of
Physician

Wm. W. Anderson

Address

Accident or Suicide?





Name
in
Full

Jacob Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Lower Marlboro		Town	County	MARYLAND						
Date of death	1906	Month	Apr.	Day	15	Years	Age	58	Months	Days	
Sex	Male	Color or Race	African	Birth-place	Calvert Co						
Occupation	Farm Laborer		Where Residing if not at place of death								
Married, Single or Widowed	Marius	Name or Wife or Husband			Mary Harris						
Father's Name	Jacob Harris				Father's Birthplace	Calvert Co					
Mother's Maiden Name	Mary Daffney				Mother's Birthplace	" "					
Name of person giving information	Philip Harris				How related to deceased	Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Za-Ripper	(10)	How long
Immediate	Pneumonia	,	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E H. Newman

Lower Marlboro

Address

Ind

Accident or Suicide?



Name
in
Full

Richard Halland

CERTIFICATE OF DEATH

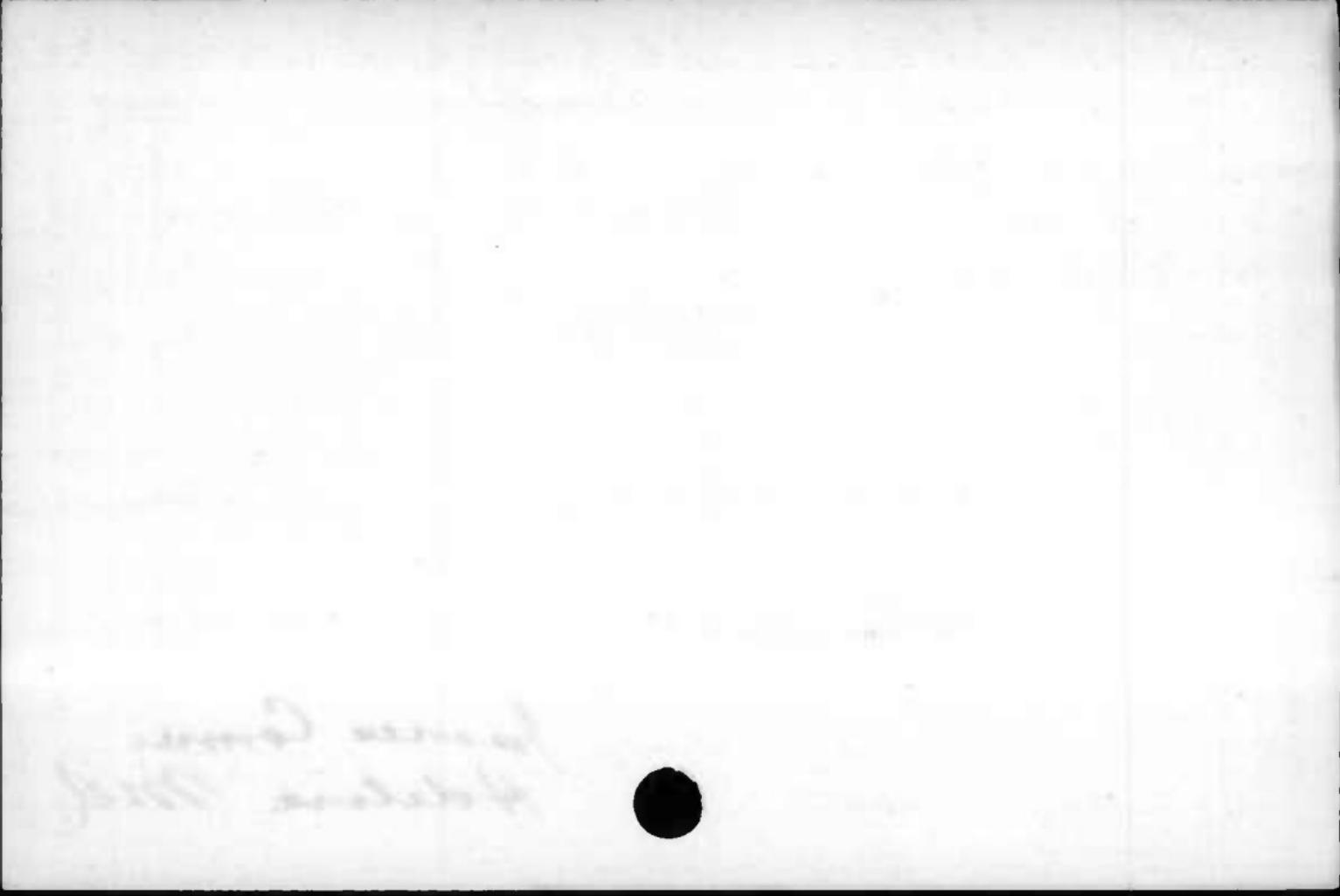
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Sunderland		Town	Calvert County		MARYLAND	
Date of death 1906	Month Apl.	Day 29	Years Age 70	Months		Days
Sex Female	Color or Race Black			Birth-place Cal. les.		
Occupation Servant	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband Stephen Gray					
Father's Name Richard Halland	Father's Birthplace Cal. les.					
Mother's Maiden Name Kitty Halland	Mother's Birthplace Cal. les.					
Name of person giving information	How related to deceased Foster in law					

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long 24 hours
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J.W. Litch	
		Address	Huntingtown
Accident or Suicide?			



Name
in
Full

Josephine Kelson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Place of death	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Adelina Locust

Apr 6 50 - -

Female Colorado Locust & Co

House wife Locust

Basil Kelson

Wm. Kelson

See

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Paralysis

66

How long

6 years

How long

Immediate

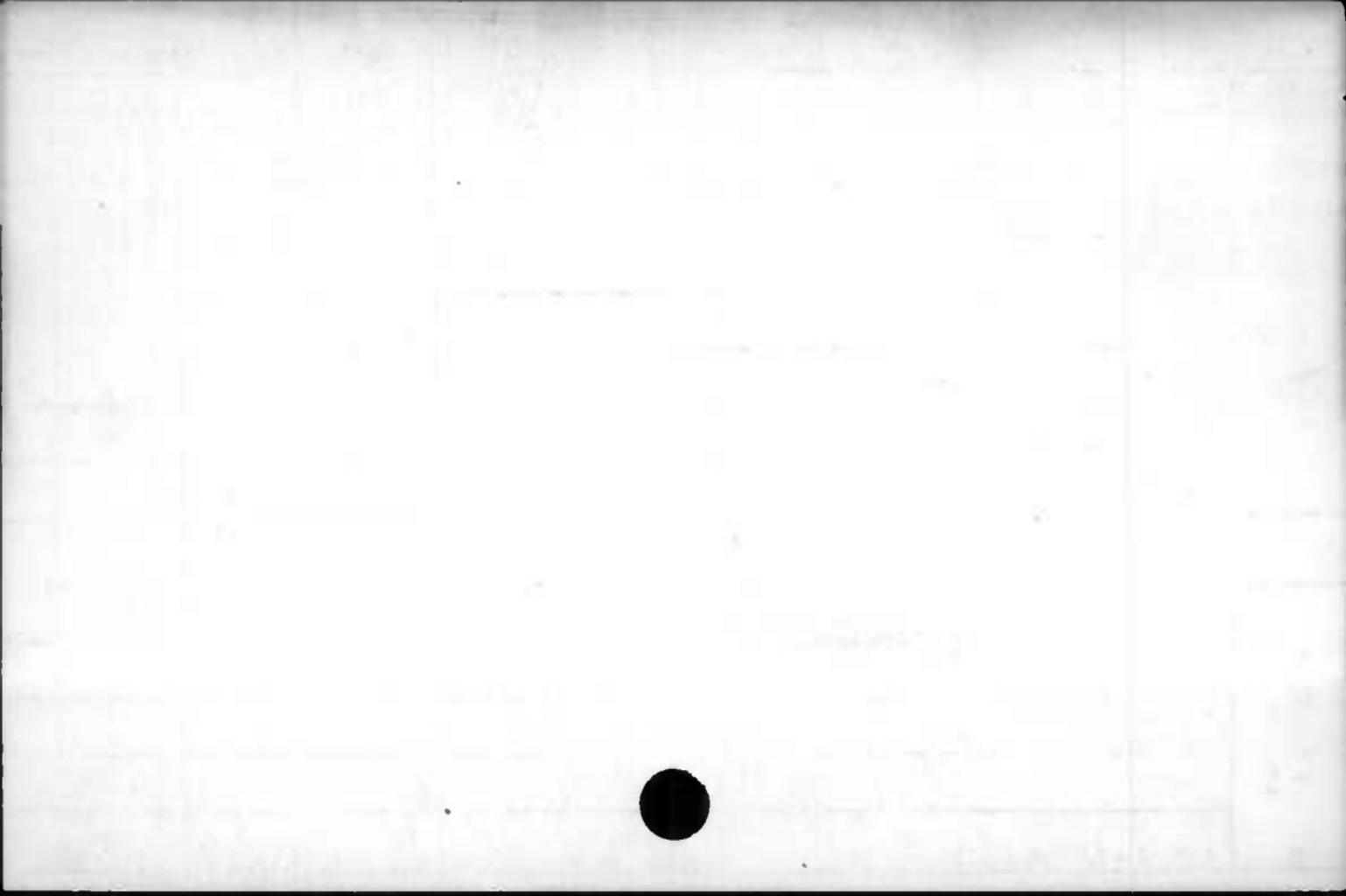
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James Conroy
Adelina Md.

Accident or Suicide?



Name
in
Full

Edna Mary Maria Mitchell

CERTIFICATE OF DEATH

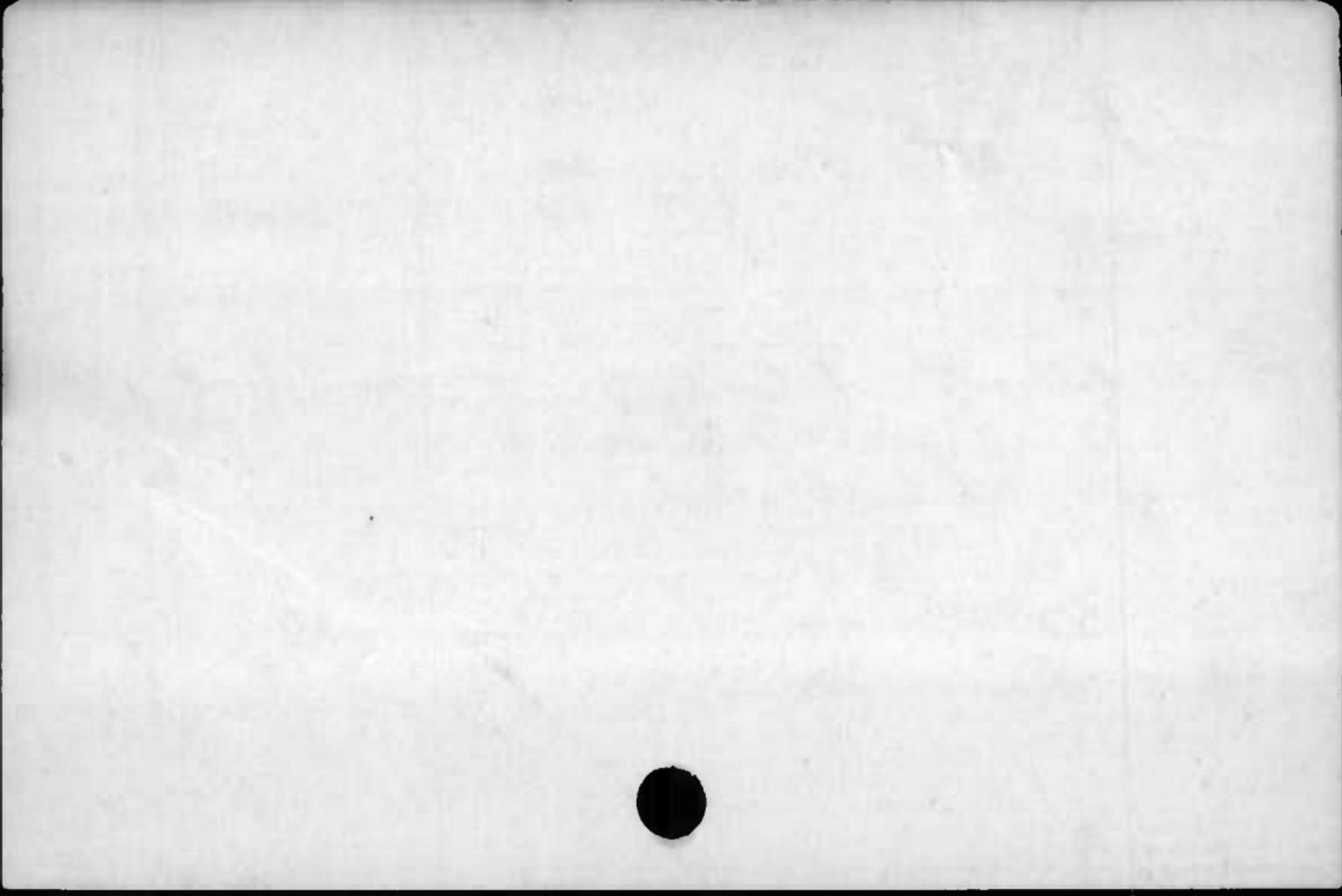
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Peter Mitchell Jr	Father's Birthplace	Calvert Co Md		
Mother's Maiden Name	Annie Gross	Mother's Birthplace	Calvert Co Md		
Name of person giving information	Peter Mitchell	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	6	How long	8 days
Immediate	Pneumonia	6	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	K.W. Cherry
			Address	Cherry Rd
Accident or Suicide?				



Name
in
Full

Mitchell
leathers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Peter Mitchell			Father's Birthplace	Leal les
Mother's Maiden Name	Annie Gross			Mother's Birthplace	Leal les
Name of person giving information	Peter Mitchell			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	(6)	How long	10 days
Immediate	Pneumonia		How long	5 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. S. M. Chaney	
		Address	Chaney Md.	
Accident or Suicide?				



Name
in
Full

Ernest W. Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1906	Month April	Day 6	Age 26	Years	Months Days
Sex	Male	Color or Race	Caucasian		Birth-place	Suntland, Md.
Occupation	Waiter		Where Residing if not at place of death		Baltimore, Md.	
Married, Single or Widowed	Singer	Name of Wife or Husband			Father's Birthplace	Calvert Co
Father's Name	R. Wesley Ray				Mother's Birthplace	Calvert Co
Mother's Maiden Name	Barbara Jane Marquess				How related to deceased	Father
Name of person giving Information	R. Wesley Ray					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lung & Throat		How long	Hiv (5) mos.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Mr. W. Chaney.	
		Address	Chaney, Md.	
Accident or Suicide?				

